



STATE OF NEBRASKA

Division of Public Health - Licensure Unit
P.O. Box 94986 – 301 Centennial Mall South
Lincoln, Nebraska 68509-4986
Telephone #: 402-471-4970 carrie.nielsen@nebraska.gov

**APPLICATION FOR
LICENSURE AS AN ALCOHOL AND
DRUG COUNSELOR (LADC)**

FEE: Determine the month and year in which you plan to be licensed.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$175	\$175	\$43.75	\$43.75	\$43.75	\$43.75	\$43.75	\$43.75	\$175	\$175	\$175	\$175
Odd Numbered Year	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175

Licenses expire September 1 of even-numbered years (renewal fee will be \$175).

Make payable to "Licensure Unit."

SECTION A – PERSONAL INFORMATION (All applicants must complete this section)					
NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.					
1	Legal Name	First:	Middle/MI:		Last:
	Maiden Name	Name:	Other Names you are known as (AKA):		
2	Mailing Address	Street/PO/Route:			
		City:	State or Country:	Zip:	
3	Date of Birth: Month/Day/Year	Place of Birth: City/State or Country			
4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);		SSN#	
		<input type="checkbox"/> Alien Registration Number ("A#"); or		A#	
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:		I-94 #	
		If you have both a SSN and an A# or I-94 number, you must report both.			
Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.					
5	Phone #: (optional)		Fax #: (optional)		E-Mail Address: (optional)
6	Current Employer:	Agency:			
		Program/Department/Division:			
7	Work Address:	Street/PO/Route:			
		City:	State:	Zip:	

SECTION B – EDUCATION – Applicants must document high school completion. Attach copy of high school diploma/transcript or GED certificate. Submit official transcript(s) for education submitted to meet specific education content areas and for substituting degree for alcohol/drug counseling work experience.

Check highest level completed:

<input type="checkbox"/>	High School Diploma or GED	<input type="checkbox"/>	College Degree – Associate	<input type="checkbox"/>	College Degree – Master
<input type="checkbox"/>	Some College	<input type="checkbox"/>	College Degree – Bachelor	<input type="checkbox"/>	College Degree – Doctorate

HIGH SCHOOL/GED

High School Graduate?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please complete the following:					
School Name:					
School Location:		City:		State:	
Date of Graduation:		(month/year)			
GED Completed?		<input type="checkbox"/> N/A		<input type="checkbox"/> Yes	
If yes, please complete the following:					
Date Issued:					
Issued By:		City:		State:	

UNIVERSITY AND COLLEGE (Undergraduate, Graduate, Doctorate)

Name:					
Location					
From (M/Y)		To (M/Y)		Total Hours:	
Fields of Study:		Major:			Minor:
Graduation Date (M/Y):		Degree Awarded:			
Name:					
Location					
From (M/Y)		To (M/Y)		Total Hours:	
Fields of Study:		Major:			Minor:
Graduation Date (M/Y):		Degree Awarded:			

SPECIFIC EDUCATION CONTENT AREAS Applicants must document 270 hours of education in 8 course areas with a minimum number of instructional hours in each. Verification of completion must be provided for all education listed except where noted in options selected. Enclose content information of education submitted. Check options below if applicable:

<input type="checkbox"/>	I currently hold a Provisional License as an Alcohol and Drug Counselor (PLADC). If you hold a PLADC, you are not required to complete this section and are deemed to have met all 8 course areas. My license # is: _____.
<input type="checkbox"/>	I currently hold a License as a Mental Health Practitioner (LMHP) or a Provisional License as a Mental Health Practitioner (PLMHP) and therefore am deemed to have met course areas 1, 2, 3, 4 and 6. My license # is: _____.

1	Counseling Theories and Techniques (45 hours) This means education that includes the study and practice of theories, principles, and techniques of counseling. A minimum of 4 accepted counseling techniques must be studied such as active listening, reflective feedback, summarizing, self-disclosing, displaying empathy, confronting, establishing rapport, and communicating at the client's comprehension level. A minimum of 4 accepted counseling theories must be studied such as Adlerian, cognitive behavioral, client-centered, Gestalt, rational emotive, reality, and transactional analysis.			
	Course Number and Title	Dates Attended	Training Entity	Hours Earned

2	Group Counseling (45 hours) This means education that includes the study and practice of group theories, processes, dynamics, techniques, methods, and group counseling and facilitation.			
	Course Number and Title	Dates Attended	Training Entity	Hours Earned

3	Human Growth and Development (30 hours) This means education that includes the study of the nature and needs of individuals at all developmental levels from birth to death.			
	Course Number and Title	Dates Attended	Training Entity	Hours Earned

4	Professional Ethics and Issues (15 hours) This means education that addresses standards of conduct and professional behavior expectations for counselors. Ethical standards to be studied may include non-discrimination, responsibilities and integrity, competence, moral standards, client welfare, legal issues, client relationships, inter-professional relationships, remuneration and societal obligations.			
	Course Number and Title	Dates Attended	Training Entity	Hours Earned

5	Alcohol/Drug Assessment, Case Planning and Management (30 hours) This means education on the process of collecting client data for making decisions regarding alcohol/drug disorder diagnosis, level of care placement, and treatment and referral. Two or more alcohol/drug assessment instruments must be studied. There must be study and practice of record keeping addressing the development of alcohol/drug assessment summaries, treatment plans, progress notes, discharge plans and clinical case reviews including case management activities to bring together services, agencies, and resources to achieve client treatment goals while adhering to confidentiality as it relates to these areas		
	Course Number and Title	Dates Attended	Training Entity

6	Multicultural Counseling (30 hours) This means education on cultural, social, lifestyle, spiritual, and economic factors relevant to the provision of competent and relevant counseling to varied populations. The education must include the adaptation of traditional counseling theories and techniques.		
	Course Number and Title	Dates Attended	Training Entity

7	Medical and Psychosocial Aspects of Alcohol/Drug Use, Abuse, and Addiction (45 hours) This means education on the physiological, psychological, and sociological aspects of alcohol/drug use, abuse, and dependence. The education must include studying the processes of dependence, addiction, and withdrawal covering signs, symptoms, and behavior patterns. It also must include the study of drug types and pharmacology.		
	Course Number and Title	Dates Attended	Training Entity

8	Clinical Treatment Issues in Chemical Dependency (30 hours) This means education such as the study of treatment issues specific to chemical dependency including denial, resistance, minimization, family dynamics, relapse, cross-addiction, co-occurring disorders, spirituality, and influences of self-help groups. The education must include studying chemical dependency clinical treatment needs of individuals taking into consideration gender, culture, and lifestyle.		
	Course Number and Title	Dates Attended	Training Entity

Department Review - Coursework: _____ (staff Initials) _____ (date)

2	Employer:					
	Telephone:					
	Program/Department/Division:					
	Address:	Street/PO/Route:				
		City:	State:		Zip:	
	Dates of Employment:	From (Month, Year)		To (Month/Year)		
	Total Employed	Years:		Months:		
	Position Title:					

Major Duties		Percent of Time	
Percentage of total hours worked per week spent in provision of alcohol/drug treatment counseling services:			
Administrative Supervisor:			
Position Title:		Telephone Number:	
Clinical Supervisor:			
Position Title:		Telephone Number	
Credentials of Clinical Supervisor (check all that apply)			
<input type="checkbox"/>	Licensed Alcohol/Drug Counselor (Nebraska credential)		
<input type="checkbox"/>	Certified/ Licensed Alcohol/Drug Counselor by another state		
	State issued by:	Cert. Title and No.:	
<input type="checkbox"/>	Licensed Psychologist		
	State issued by:	License No:	
<input type="checkbox"/>	Licensed Physician		
	State issued by:	License No:	

Make additional copies of this page if needed

SECTION D – SUPERVISED PRACTICAL TRAINING

Applicants must provide documentation of 300 clock hours of supervised practical training in the 12 core functions with a minimum of 10 performance hours in each core function.

I hold a PLADC, therefore, I have already met this requirement and this section does not apply.

1	Name of Practical Training Supervisor:				
	Credential Held by Supervisor:				
	State Issued by:				
	Agency Where Training Occurred:				
	Address:	Street/PO/Route:			
		City:	State:	Zip:	
	Telephone #:				
	Dates of Training:	From (Month/Year)		To (Month/Year)	

2	Name of Practical Training Supervisor:				
	Credential Held by Supervisor:				
	State Issued by:				
	Agency Where Training Occurred:				
	Address:	Street/PO/Route:			
		City:	State:	Zip:	
	Telephone #:				
	Dates of Training:	From (Month/Year)		To (Month/Year)	

3	Name of Practical Training Supervisor:				
	Credential Held by Supervisor:				
	State Issued by:				
	Agency Where Training Occurred:				
	Address:	Street/PO/Route:			
		City:	State:	Zip:	
	Telephone #:				
	Dates of Training:	From (Month/Year)		To (Month/Year)	

SECTION E – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)

Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

NOTE: If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days <http://www.dhhs.ne.gov/reg/investi.htm> or by telephone at 402-471-0175.

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation (see page 10 of application).

Conviction Information:

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you EVER been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

Licensure Information:

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.

		Yes	No			
2	Are you licensed in any state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?	
3	Has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of Entity taking Action
4	Have you ever been denied the right to take a credentialing examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

SECTION F – PRACTICE PRIOR TO CREDENTIAL	
An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.	
1	I have practiced alcohol and drug counseling without a license in Nebraska before submitting the application? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice: # of days: _____
	Name of Business: _____
	City: _____
	Telephone #: _____

SECTION G - ATTESTATION
Lawful Presence in the United States Attestation:
For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:
Please check ONLY ONE of the boxes below:
<input type="checkbox"/> I am a citizen of the United States; or <input type="checkbox"/> I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or <input type="checkbox"/> I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.
Alien or Non-immigrant Status: If you are a qualified alien lawfully admitted into the United States <u>OR</u> a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:
1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or 2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or 3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is <u>NOT</u> acceptable; or 4. A Form I-94 (Arrival-Departure Record).
Your credential will NOT be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.
Application Attestation: I further attest that:
1. I have read the application or have had the application read to me; 2. All statements on the application are true and complete; 3. I am of good character; and 4. I have read and agree to be bound by the Code of Ethics for alcohol and drug counselor licensure as set out in 172 NAC 15-016 and the Grounds for Discipline for alcohol and drug counselor licensure pursuant to 172 NAC 15-015.03.
Print Name: _____
Signature: _____ Date: _____



NOTE: In order for your application to be considered complete, all applicants **MUST** submit a copy of the following:

1. Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a **copy** of at least one of the following documents:
 - (1) A U.S. Passport (unexpired or expired);
 - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal (Hospital issued keepsake birth certificates are not acceptable);
 - (3) An American Indian Card (I-872);
 - (4) A Certificate of Naturalization (N-550 or N-570);
 - (5) A Certificate of Citizenship (N-560 or N-561);
 - (6) Certification of Report of Birth (DS-1350);
 - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - (8) Certification of Birth Abroad (FS-545 or DS-1350);
 - (9) A United States Citizen Identification Card (I-197 or I-179);
 - (10) A Northern Mariana Card (I-873);
 - (11) A Green Card, otherwise known as a Permanent Resident Card (Form I-551) front and back of the card;
 - (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - (13) A document showing an Alien Registration Number ("A#"), an Employment Authorization Card is not acceptable; or
 - (14) A Form I-94 (Arrival-Departure Record);
3. Education: You must submit the required official school/college/university transcript or training verification;
4. Other Credentialing Info: If you hold or have held a credential to provide health services, health-related services, or environmental services in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential;
5. Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;
6. Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
 - (a) A copy of the court record, which includes charges and disposition;
 - (b) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - (c) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
 - (d) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation; and
7. Fee: The required fee (see chart on page 1 of this application).

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.



STATE OF NEBRASKA

Department of Health and Human Services
 Division of Public Health – Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-4970 carrie.nielsen@nebraska.gov

VERIFICATION OF EMPLOYMENT FOR AN ALCOHOL AND DRUG COUNSELOR

DO NOT RETURN THIS FORM TO THE APPLICANT

In order to consider employment hours, the clinical supervisor listed on this 'Verification of Employment' form must match the supervisor registered with the Department.

APPLICANT'S NAME: _____

Dear Current/Previous Employer: I am applying to the Department of Health and Human Services, Division of Public Health, Licensure Unit, for licensure as an alcohol/drug counselor. Verification of work experience is required as part of the application process. Attach a copy of my official job description for all positions held.

Instructions to Employer: List all positions held beginning with the most recent and work backwards. If a position changed from part-time to full-time or vice versa, list it as a separate period of employment. If the clinical supervisor for a position changed, list each supervisor and the dates of supervision.

I verify that (Name of Applicant/Employee):	
has been employed at (name of agency):	

in the following positions:

POSITION TITLE	FROM M/D/Y	TO M/D/Y	PAID HOURS WORKED PER WEEK	CLINICAL SUPERVISOR	SUPERVISOR'S CERTIFICATES/ LICENSES

The applicant was involved in the provision of alcohol and drug treatment services for _____ percentage (%) of hours per week.

I have attached a copy of the applicant's official job description for each position held.

Employer:	
Address:	

Signature of Verifying Person

Date

Title

Telephone

Return this form and attachment(s) **DIRECTLY TO: Alcohol and Drug Counseling, Licensure Unit** at the address listed above.